

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3184AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/28/2008
NAME OF PROVIDER OR SUPPLIER MARGARET ROSE RED ROCK ASSTD LIV		STREET ADDRESS, CITY, STATE, ZIP CODE 5975 W TWAIN AVE LAS VEGAS, NV 89103		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the bed increase licensure survey conducted at your facility on 10/28/08.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed for 44 total beds.</p> <p>The facility had the following category of classified beds.</p> <p>39 Category 1 beds and 5 category 2 beds.</p> <p>The facility had the following endorsements. Residential facility for elderly or disabled persons. Residential facility for persons with mental illness.</p> <p>The census at the time of the survey was 56.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following deficiencies were identified.</p>	Y 000		
Y 087 SS=E	<p>449.199(3) Limitation on Number of Residents</p> <p>NAC 449.199 3. A residential facility must not accept residents in excess of the number of residents specified on the license issued to the owner of the</p>	Y 087		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 087	<p>Continued From page 1 facility.</p> <p>This Regulation is not met as evidenced by: Based on observation, interview and record review the facility accepted twelve additional residents in excess of the number specified on the license. (Residents # 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56)</p> <p>Findings include:</p> <p>On 10/28/08 at 12:00 PM, a bed increase survey was conducted at the facility. Twelve additional residents over census that required food, shelter, medication management administration and limited supervision were located on the second floor of the facility in excess of the number of residents specified on the facility license.</p> <p>Interview:</p> <p>On 10/28/08 at 3:00 PM the Administrator of the facility reported the Fire Marshall issued a Certificate of Compliance on 09/23/08 allowing the bed increase from 44 to 83 beds. The Administrator reported she thought that authorized increasing the census at the facility beyond 44 residents. The Administrator acknowledged residents 45 through 56 had signed medication management agreements and were being administered their medications by caregivers at the facility. The Administrator acknowledged the residents required supervision and assistance with medication management. The Administrator indicated she thought the residents could independently care for themselves and did not fall into the category of residents.</p>	Y 087			

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Y 087	Continued From page 2 Document review: On 10/28/08 at 2:00 PM, a medical record review of Residents 45 through 56 indicated the residents had signed medication management agreements with the facility and were administered their medications by caregivers at the facility. The residents had medication administration records (MAR) in their files for past months and a current October 2008 Medication Administration Record (MAR) for Resident # 45 through Resident # 56 was located in a MAR log book at the facility. Severity 2 Scope 2	Y 087		
Y 177 SS=D	449.209(4)(d) Health and Sanitation-Dirt, Garbage, Refuse NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (d) Accumulations of dirt, garbage and other refuse. This Regulation is not met as evidenced by: Based on observation, the facility failed to keep the facility free from an accumulation of refuse. Findings include: On 10/28/08 during tour of the facility, the Biohazard room had 2 fan units with lights, a toilet tank, 1 mirror and 3 cupboard doors within the room. One of the fan units was lying on top of	Y 177		

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Y 177	Continued From page 3 the Biohazard container. Severity: 2 Scope: 1	Y 177		
Y 179 SS=D	449.209(6) Health and Sanitation-Screens NAC 449.209 6. All windows that are capable of being opened in the facility and all doors that are left open to provide ventilation for the facility must be screened to prevent the entry of insects. This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to provide screens in 3 of 27 bedrooms (Bedroom 205, 224 and 227). Findings include: 1. Room 205 did not have a screen in the main room window. The room was empty during the survey. 2. Room 224 did not have a screen in the main room window. The room was occupied by a resident at the time of survey. 3. Room 227 had a broken screen in the main room. The screen was bowed and did not fit snuggly into the window. There were 2 holes in the bathroom screen. The administrator revealed she was aware of the missing screen in room 205 and the broken screen in room 227. She was unaware of the missing screen in room 224.	Y 179		

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Y 179	Continued From page 4	Y 179		
Y 307 SS=E	<p>Severity: 2 Scope: 1</p> <p>449.218(6) Bedrooms - Beds and Bedding</p> <p>NAC 449.218</p> <p>6. A separate bed with a comfortable and clean mattress must be made available for each resident. The bed must be at least 36 inches wide. Two clean sheets, a blanket, a pillow and a bedspread must be available for each bed. Linens must be changed at least once each week and more often if the linens become dirty. Additional bedding, including protective mattress covers, must be provided if necessary.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to ensure that 12 beds were available at the facility to accommodate a bed increase to 83 beds.</p> <p>Findings include:</p> <p>Observation:</p> <p>On 10/28/08 at 12:30 PM, a bed count revealed the facility had 71 beds on the premises. The facility needed 12 beds for the requested bed increase to 83 beds.</p> <p>Interview:</p> <p>On 10/28/08 at 5:00 PM, the Administrator reported the facility had 71 beds on the premises. The Administrator indicated 12 additional beds were needed at the facility to comply with the 83 bed increase requested by the facility.</p>	Y 307		

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Y 307	Continued From page 5	Y 307		
	Severity 2 Scope 2			
Y 920 SS=E	<p>449.2748(1) Medication Storage</p> <p>NAC 449.2748</p> <p>1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key.</p> <p>This Regulation is not met as evidenced by: Based on observation, interview and document review the facility failed to ensure that three out of fifty six residents medications were secure and kept in a locked area at the facility. (Residents # 1, #2, #3)</p> <p>Findings include:</p>	Y 920		

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Y 920	<p>Continued From page 6</p> <p>Observation:</p> <p>On 10/28/08 at 12:05 PM, three unsecured prescription bottles were located on top of a refrigerator in Resident #1s room. The prescription medication bottles included Isorbide 30 mg (milligram) tablets, Oxybuynin 5 mg tablets and Nadolol 20 mg tablets. The resident indicated he self administered his own medication. There was no lock box located in the residents room to secure medication.</p> <p>On 10/28/08 at 12:15 PM, an unsecured Qvar and Provental inhalers were located on Resident # 2s nightstand table. The resident indicated the facility supervised the administration of her medication.</p> <p>There was no lock box located in the residents room to secure medications.</p> <p>On 10/28/08 at 1:00 PM, an unsecured 35 gram tube of Lidocaine Cream 5 % was located on Resident # 3s bedside table. The resident indicated the facility supervised the administration of his medication.</p> <p>Interview:</p> <p>On 10/28/08 at 1:00 PM, the Administrator acknowledged medication was left unsecured in Residents #1, #2 and #3s bedrooms. The Administrator confirmed Resident #1 and Resident #2 did not have lock boxes in their bedrooms to secure medication. The Administrator acknowledged the facilities medication policy indicated no medications were to be allowed unsecured in the residents bedrooms.</p>	Y 920		

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Y 920	Continued From page 7 Document review: A Medication Supervision Authorization Form for Resident #1 dated 06/13/07, indicated the resident declined to have the facility supervise the administration of her medication. The resident signed a House Rules form dated 06/20/08 that indicated no medications would be allowed in the residents room without facility approval. A Medication Supervision Authorization Form for Resident # 2 dated 02/06/08, indicated the resident signed the form authorizing the facility to retain and facilitate the administration of her medications. A Medication Supervision Authorization Form for Resident # 3 dated 05/14/08, indicated the resident signed the form authorizing the facility to retain and facilitate the administration of his medications. Severity 2 Scope 2	Y 920			
YA451 SS=E	449.231(2)(a-f) First Aid Kit NAC 449.231 2. A first-aid kit must be available at the facility. The first-aid kit must include, without limitation: (a) A germicide safe for use by humans; (b) Sterile gauze pads; (c) Adhesive bandages, rolls of gauze and adhesive tape; (d) Disposable gloves; (e) A shield or mask to be used by a person who is administering cardiopulmonary resuscitation; and (f) A thermometer or other device that may be used to determine the bodily temperature of a person.	YA451			

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YA451	<p>Continued From page 8</p> <p>This Regulation is not met as evidenced by: Based on observation the facility failed to maintain a properly furnished first aid kit.</p> <p>Findings include;</p> <p>A box labeled "First Aid Kit" that was attached to a wall on second floor community room did not contain:</p> <p>a) A germicide safe for use by humans; b) Sterile gauze pads; c) Adhesive bandages, rolls of gauze and adhesive tape; d) Disposable gloves; e) A shield or mask to be used by a person who is administering cardiopulmonary resuscitation; and f) A thermometer or other device that may be used to determine the body temperature of a person.</p> <p>Severity 2 Scope 2</p>	YA451			

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